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CONFIRMATION NO. 3171

SERIAL NUMBER 10/684,023	FILING or 371(c) DATE 10/10/2003 RULE	CLASS 382	GROUP ART UNIT 2624	ATTORNEY DOCKET NO. 29471.4
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/560,243 04/27/2000 PAT 6,643,385 *JP*

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY TX	SHEETS DRAWINGS 27	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 7
Verified and Acknowledged <i>Examiner's Signature</i>	<input type="checkbox"/> Met after Allowance <i>Initials</i>				

ADDRESS

COX SMITH MATTHEWS INCORPORATED
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TITLE

System and method for assessment of health risks and visualization of weight loss and muscle gain

FILING FEE RECEIVED 892	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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